

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : CHUI et al.
U.S. Serial No. : 10/576,984
Confirmation No. : 7234
Filed : November 28, 2006
Examiner : Lori Lynn Lyjak
Art Unit : 3612
For : MOBILE CONTAINERIZED AUTOPSY FACILITY
Law Offices of Albert Wai-Kit Chan, PLLC
World Plaza, Suite 604
141-07 20th Avenue
Whitestone, NY 11357

December 2, 2009

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Madam:

**COMMUNICATION TO SUMBIT FEE(S) TRANSMITTAL
FOR THE PAYMENT OF ISSUE FEE AND PUBLICATION FEE**

This Communication is being filed in response to the October 23, 2009 Notice of Allowance and Fee(s) Due issued by the United States Patent and Trademark Office (USPTO) in connection with the above-identified application. The deadline to pay the Issue and Publication Fee set forth in the Notice of Allowance and Fee(s) Due is January 23, 2010. Accordingly, the payment of the Issue and Publication Fee is being timely submitted.

Applicants : CHUI et al. Atty. Dkt. No. : 1187-PCT-US
USSN : 10/576,984 Art Unit : 3612
Filed : November 28, 2006 Date of response : December 2, 2009
Examiner : Lori Lynn Lyjak Page : 2

Two copies of the completed Fee(s) Transmittal for submitting the Issue and Publication Fee are attached herein as **Exhibit A.**

The Issue Fee is ONE THOUSAND FIVE HUNDRED AND TEN DOLLARS (\$1510.00) for a large entity. Applicants hereby give authorization to charge the amount of ONE THOUSAND FIVE HUNDRED AND TEN DOLLARS (\$1510.00) for the payment of the Issue Fee to Deposit Account No. 50-1891. The Publication Fee is THREE HUNDRED DOLLARS (\$300.00). Applicants hereby give authorization to charge the amount of THREE HUNDRED DOLLARS (\$300.00) for the payment of the Publication Fee to Deposit Account No. 50-1891.

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Conclusion

No fee other than the ONE THOUSAND FIVE HUNDRED AND TEN DOLLARS (\$1510.00) payment for the Issue Fee, THREE HUNDRED DOLLAR (\$300.00) payment for the Publication Fee is deemed necessary in connection with the filing of this Communication. However, if any additional fee is required, authorization is hereby given to charge the amount of any such fee to Deposit Account No. 50-1891.

Respectfully submitted,

Albert Wai Kit Chan
Albert Wai-Kit Chan
Registration No. 36,479
Attorney for Applicant(s)
Law Offices of
Albert Wai-Kit Chan, PLLC
World Plaza, Suite 604
141-07 20th Avenue
Whitestone, New York 11357
Tel: (718) 799-1000
Fax: (718) 357-8615
E-mail: chank@kitchanlaw.com

Exhibit A

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 10/23/2009
Albert Wai-Kit Chan
Law Offices of Albert Wai-Kit Chan
World Plaza, Suite 604
141-07 20th Avenue
Whitestone, NY 11357

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/576,984	11/28/2006	Peng Sun Chui	1187-PCT-US	7234

TITLE OF INVENTION: MOBILE CONTAINERIZED AUTOPSY FACILITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES-NO	\$735 \$1510	\$300	\$0	\$1055 \$1810	01/25/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
LYJAK, LORI LYNN	3612	296-024380

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Law Offices of Albert Wai-Kit Chan, PLLC

2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
Health Sciences Authority
Acre Engineering PTE LTD

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Singapore
Singapore

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1891 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Albert Wai-Kit Chan

Date December 2, 2009

Typed or printed name Albert Wai-Kit Chan

Registration No. 36,479

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PART B - FEE(S) TRANSMITTAL

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EXAMINER	ART UNIT	CLASS-SUBCLASS
LYJAK, LORI LYNN	3612	296-024380

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<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	2.	
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	3.	

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(A) NAME OF ASSIGNEE
Health Sciences Authority
Acre Engineering PTE LTD

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Singapore
Singapore

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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Authorized Signature Albert Wai-Kit Chan

Date December 2, 2009

Typed or printed name Albert Wai-Kit Chan

Registration No. 36,479

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